

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		5	3-01-01
FORMALITY REVIEW	2J	857	3/30/01
RESPONSE FORMALITY REVIEW	A-M	JC 580	07-18-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	5	3	
2	4	2	
3	0	3	
4	1	0	
5	N	N	
6	N	N	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	N	N	
17	N	N	
18	N	N	
19	N	N	
20	N	N	
21	N	N	
22	N	N	
23	N	N	
24	N	N	
25	N	N	
26	N	N	
27	N	N	
28	N	N	
29	N	N	
30	N	N	
31	N	N	
32	N	N	
33	N	N	
34	N	N	
35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
56	✓	✓	
57	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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